Form V-2

EXPERIENCE VERIFICATION FORM

V-2 forms must be sent to your PLS supervisors or associates (must have been licensed prior to the time being verified) with a stamped, addressed return envelope for all surveying engagements listed on your application under question 18 that can be verified - This form may be duplicated

TO BE COMPLETED BY APPLICANT:

Applicant's Name:		
Name of PLS Endorser		PLS Supervisor PLS Associate
Land Surveying experience to be verified for	r Engagement Number	where employed as a
(title of position)	Full Time Part Time	Hours per week
, ,		
with the firm of		
		Total Months
Duties & Responsibilities Performed		
		(continue on attached sheet if needed)
TO BE COMPLETED BY ENDORSER: (You	u must have been licensed p	rior to the time being verified)
Do you concur with the above applicant's: title	e of position, duties and responsibilit	ies performed? Yes No
My contacts with the applicant were during the	e period of time from	to
where I was employed with the firm of		
As the applicant's PLS super	rvisor As a PLS associate e	employed in the same firm & location in surveying work
If neither of the above were the case, state be	asis of contact	
Please provide comments and the amount of t	ime (months) the applicant spent gai	ning experience in each of these areas:
Office work		
Field work		
Research		(continue on ottophod shoot if product)
Commonts on applicantly shifts, sharester are		(continue on attached sheet if needed)
Comments on applicant's ability, character, pro	Diessional attitude and responsibility	in work performed:
Based on the definition of the practice of land	surveying, do you recommend the a	pplicant for PLS licensure? Yes No
Print Name		_
State of PLS LicenseLi	cense NumberD	ate PLS License received
Present Position	Firm	
Address	Day-time	telephone number ()
Signature	Date	

Instructions for the applicant

On this side of the form - Type your name and address, the name and address of the endorser and insert the filing deadline date below. Send to your endorser with a stamped addressed envelope.

On the other side of this form - complete the section "TO BE COMPLETED BY THE APPLICANT"

State of Alabama Board of Licensure for Professional Engineers and Land Surveyors P.O. Box 304451 Montgomery, AL 36130-4451 (334) 242-5568 - www.bels.alabama.gov

Overnight Address Only:

The RSA Union 100 North Union Street #382 Montgomery, AL 36104-3702

(Name and Address of Endorser)	-	(Name and Address of App	olicant)	
I have filed my application with the Alabama Board of Licensure for Professional Engineers and Land Surveyors for licensure to practice professional land surveying in the State of Alabama. I have listed your name as my Land Surveying Supervisor for the engagement period shown. As a part of my application, I have submitted to the Board Office a signed, sworn and notarized certification of release statement authorizing "any individual, company or institution with whom I have been associated to furnish the Alabama State Board of Licensure for Professional Engineers and Land Surveyors with any information concerning my qualifications for professional licensure in Alabama which they have on record or otherwise and do hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information." I will appreciate your sending the information requested on the reverse side directly to the Board in the stamped addressed envelope which I have provided.				
	(Signatu	re of the Applicant)		
Board Statement to PE Endorser:				
This Board is required by law to ascertain that the Law; therefore, we need this experience verification			s of the Licensure	
Since the Board cannot consider an applicant for endorsers, a prompt reply will expedite our handling			s are received from	
In order for the applicant's file to be considered at be received in the Board Office	the next Board Me	eting, all replies from references and	d endorsers must	
before		(filing deadline	e)	
This completed experience varification form is t	o ho mailed directly	to the Board Office in the enclosed at	ampad addragas d	

This completed experience verification form is to be mailed directly to the Board Office in the enclosed stamped addressed envelope. The comments you give will be treated in the strictest confidence; however, should your verification of time differ from that listed by the applicant, we will advise the applicant, unless you indicate otherwise. The Board Office will not be responsible for the delay of this form being received in our office by the above deadline due to the mail service or by the endorser.